PARK MANOR HEALTH CARE CENTER

1824 EAST PARK PLACE

MI LWAUKEE Phone: (414) 961-1115 Ownership: Corporati on 53211 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 62 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 109 Average Daily Census: 37 Number of Residents on 12/31/00: 43

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	48. 8
Supp. Home Care-Personal Care	No					1 - 4 Years	20. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2. 3	More Than 4 Years	30. 2
Day Services	No	Mental Illness (Org./Psy)	20. 9	65 - 74	14.0		
Respite Care	Yes	Mental Illness (Other)	14. 0	75 - 84	32. 6		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41. 9	*****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	4. 7	95 & 0ver	9. 3	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	14. 0	65 & 0ver	97. 7	 	
Transportation	No	Cerebrovascul ar	4. 7			RNs	7. 6
Referral Service	No	Diabetes	2.3	Sex	%	LPNs	14. 4
Other Services	No	Respi ratory	11. 6			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	27. 9	Male	27. 9	Aides & Orderlies	37. 0
Mentally Ill	Yes			Female	72. 1		
Provi de Day Programming for			100.0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

					W- 32 -												
			Medicaid (Title 19) 0t			0th	Other Private Pa			Pay Managed Care					Percent		
		Ì	Per Die	em	•	Per Die	m		Per Die	m		Per Dien	n	O	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No). %	Rate	No.	. %	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	2. 6	\$127. 67	0	0. 0	\$0. 00	0	0. 0	\$0. 00	1	100. 0	\$410. 00	2	4. 7%
Skilled Care	3	100. 0	\$220.37	33	86. 8	\$109.30	0	0. 0	\$0.00	1	100. 0	\$165.00	0	0. 0	\$0.00	37	86. 0%
Intermediate				4	10. 5	\$90. 93	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	4	9. 3%
Limited Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	3	100. 0		38 1	100. 0		0	0. 0		1	100.0		1	100. 0		43	100. 0%

PARK MANOR HEALTH CARE CENTER

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi t	i ons, Servi ces	, and Activities as of 12	/31/00
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	6.8	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	7. 0		55. 8	37. 2	43
Other Nursing Homes	13.6	Dressi ng	11. 6		30. 2	58. 1	43
Acute Care Hospitals	77. 3	Transferri ng	23. 3		46. 5	30. 2	43
Psych. HospMR/DD Facilities	2.3	Toilet Use	23. 3		37. 2	39. 5	43
Rehabilitation Hospitals	0.0	Eati ng	69. 8		18. 6	11. 6	43
Other Locations	0.0	**************	**********	******	*******	********	********
Total Number of Admissions	44	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	14.0	Recei vi ng	Respiratory Care	11. 6
Private Home/No Home Health	31.3	0cc/Freq. Incontiner	nt of Bladder	55.8	Recei vi ng	Tracheostomy Care	2. 3
Private Home/With Home Health	15.6	0cc/Freq. Incontiner	nt of Bowel	16. 3	Recei vi ng	Sucti oni ng	2. 3
Other Nursing Homes	3. 1	[Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	6.3	Mobility			Recei vi ng	Tube Feeding	11.6
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.3	Recei vi ng	Mechanically Altered Diets	23. 3
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Reside	ent Characteristics	
Deaths	43.8	With Pressure Sores		7. 0	Have Advar	ce Directives	100. 0
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	32				Recei vi ng	Psychoactive Drugs	60. 5
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	Ownershi p:		Bed	Si ze:	Li co	ensure:			
	Thi s	Propri etary		100-	199	Ski l	lled	Al l	
	Facility Peer Group		Peer	Group	Peer	Group	Facilities		
	%	%	Ratio	%	Ratio	%	Rati o	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	33. 9	74.6	0. 45	83. 3	0. 41	81. 9	0.41	84. 5	0.40
Current Residents from In-County	100	84. 4	1. 18	85. 0	1. 18	85. 6	1. 17	77. 5	1. 29
Admissions from In-County, Still Residing	47. 7	20. 4	2. 35	19. 2	2. 48	23. 4	2.04	21.5	2. 22
Admissions/Average Daily Census	118. 9	164. 5	0. 72	196. 7	0. 60	138. 2	0.86	124. 3	0. 96
Discharges/Average Daily Census	86. 5	165. 9	0. 52	194. 3	0. 45	139. 8	0. 62	126. 1	0. 69
Discharges To Private Residence/Average Daily Census	40. 5	62. 0	0. 65	76. 2	0. 53	48. 1	0.84	49. 9	0. 81
Residents Receiving Skilled Care	90. 7	89. 8	1. 01	91. 2	0. 99	89. 7	1.01	83. 3	1.09
Residents Aged 65 and Older	97. 7	87. 9	1. 11	93. 9	1.04	92. 1	1.06	87. 7	1. 11
Title 19 (Medicaid) Funded Residents	88. 4	71. 9	1. 23	60. 4	1. 46	65. 5	1. 35	69. 0	1. 28
Private Pay Funded Residents	2. 3	15. 0	0. 15	26. 5	0.09	24. 5	0. 10	22.6	0. 10
Developmentally Disabled Residents	0. 0	1. 3	0.00	0.6	0. 00	0. 9	0. 00	7. 6	0.00
Mentally Ill Residents	34. 9	31. 7	1. 10	26. 6	1. 31	31. 5	1. 11	33. 3	1.05
General Medical Service Residents	27. 9	19. 7	1.42	22. 9	1. 22	21.6	1. 29	18. 4	1.51
Impaired ADL (Mean)	54. 4	50. 9	1.07	48. 7	1. 12	50. 5	1.08	49. 4	1. 10
Psychological Problems	60. 5	52. 0	1. 16	50. 4	1. 20	49. 2	1. 23	50. 1	1. 21
Nursing Care Required (Mean)	7. 3	7. 5	0. 97	7. 3	1.00	7. 0	1.03	7. 2	1. 02